BELMONT NURSING & REHABILITATION CENTER

110 BELMONT ROAD

MADISON 53714 Phone: (608) 249-7391 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 132 Yes Number of Residents on 12/31/02: 79 Average Daily Census:

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %						
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	43.0 35.4		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	26.6	More Than 4 Years	21.5		
Day Services	No	Mental Illness (Org./Psy)	30.4	65 - 74	12.7	I			
Respite Care	No	Mental Illness (Other)	7.6	75 - 84	29.1	1	100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	1.3	85 - 94	29.1	********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	2.5	Full-Time Equivalent			
Congregate Meals	No	Cancer	2.5			Nursing Staff per 100 Res	Residents		
Home Delivered Meals	No	Fractures	5.1		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	5.1	65 & Over	73.4				
Transportation	No	Cerebrovascular	15.2			RNs	2.5		
Referral Service	No	Diabetes	5.1	Sex	90	LPNs	14.9		
Other Services	No	Respiratory	7.6			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	19.0	Male	41.8	Aides, & Orderlies	32.1		
Mentally Ill	Yes			Female	58.2	1			
Provide Day Programming for			100.0			I			
Developmentally Disabled	No				100.0	1			

Method of Reimbursement

		edicare			edicaid itle 19		(Other			Private Pay	:		amily Care			Managed Care			
Level of Care	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	9	100.0	287	45	91.8	116	0	0.0	0	11	100.0	163	0	0.0	0	10	100.0	302	75	94.9
Intermediate				4	8.2	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	5.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		49	100.0		0	0.0		11	100.0		0	0.0		10	100.0		79	100.0

BELMONT NURSING & REHABILITATION CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condita	ions, Services,	and Activities as of 12,	/31/02
Deaths During Reporting Period							
				9	% Needing		Total
Percent Admissions from:	1	Activities of	ଚ୍ଚ	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	4.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		50.6	49.4	79
Other Nursing Homes	2.9	Dressing	13.9		48.1	38.0	79
Acute Care Hospitals	91.2	Transferring	44.3		38.0	17.7	79
Psych. HospMR/DD Facilities	0.0	Toilet Use	34.2		48.1	17.7	79
Rehabilitation Hospitals	0.0	Eating	69.6		12.7	17.7	79
Other Locations	1.5	******	*****	*****	*****	********	******
Total Number of Admissions	137	Continence		%	Special Treatm	nents	%
Percent Discharges To:	1	Indwelling Or Extern		13.9	Receiving Re	espiratory Care	8.9
Private Home/No Home Health	48.8	Occ/Freq. Incontinent	t of Bladder	36.7	Receiving Tr	racheostomy Care	1.3
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	21.5	Receiving Su	actioning	1.3
Other Nursing Homes	2.4					stomy Care	0.0
Acute Care Hospitals	28.0	Mobility			Receiving Tu	ibe Feeding	2.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	7.6	Receiving Me	chanically Altered Diets	36.7
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	20.8	With Pressure Sores		6.3	Have Advance	e Directives	50.6
Total Number of Discharges		With Rashes		2.5	Medications		
(Including Deaths)	125				Receiving Ps	sychoactive Drugs	55.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

Ownership: Bed Size: Licensure: This Proprietary 100-199 Skilled All Peer Group Facilities Facility Peer Group Peer Group Ratio Ratio Ratio % Ratio

	6	6	Ratio	6	Ratio	6	Ratio	6	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	61.3	84.7	0.72	85.7	0.72	85.3	0.72	85.1	0.72
Current Residents from In-County	94.9	81.6	1.16	81.9	1.16	81.5	1.17	76.6	1.24
Admissions from In-County, Still Residing	21.9	17.8	1.23	20.1	1.09	20.4	1.07	20.3	1.08
Admissions/Average Daily Census	171.3	184.4	0.93	162.5	1.05	146.1	1.17	133.4	1.28
Discharges/Average Daily Census	156.3	183.9	0.85	161.6	0.97	147.5	1.06	135.3	1.15
Discharges To Private Residence/Average Daily Census	76.3	84.7	0.90	70.3	1.08	63.3	1.20	56.6	1.35
Residents Receiving Skilled Care	94.9	93.2	1.02	93.4	1.02	92.4	1.03	86.3	1.10
Residents Aged 65 and Older	73.4	92.7	0.79	91.9	0.80	92.0	0.80	87.7	0.84
Title 19 (Medicaid) Funded Residents	62.0	62.8	0.99	63.8	0.97	63.6	0.97	67.5	0.92
Private Pay Funded Residents	13.9	21.6	0.65	22.1	0.63	24.0	0.58	21.0	0.66
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	38.0	29.3	1.30	37.0	1.03	36.2	1.05	33.3	1.14
General Medical Service Residents	19.0	24.7	0.77	21.0	0.90	22.5	0.84	20.5	0.93
Impaired ADL (Mean)	47.8	48.5	0.99	49.2	0.97	49.3	0.97	49.3	0.97
Psychological Problems	55.7	52.3	1.07	53.2	1.05	54.7	1.02	54.0	1.03
Nursing Care Required (Mean)	7.4	6.8	1.10	6.9	1.07	6.7	1.10	7.2	1.03